<table>
<thead>
<tr>
<th>(X4) ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 062</td>
<td>SS-D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 062</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</td>
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<tr>
<td></td>
<td></td>
<td>This STANDARD is not met as evidenced by. Based on observation, it was determined the facility failed to ensure 1 of 1 sprinkler head behind the dryers were in reliable operating conditions.</td>
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<td></td>
<td></td>
<td>The findings included: Observations in the laundry area on 3/9/09 at 9:00 AM, revealed the sprinkler head behind the dryers, had a build up of lint</td>
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<tr>
<td>K 104</td>
<td>SS-D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 104</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6</td>
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<td></td>
<td></td>
<td>This STANDARD is not met as evidenced by. Based on observation, it was determined the facility failed to protect smoke barriers in the kitchen</td>
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<td></td>
<td></td>
<td>The findings included: Observations under the metal table in the dish-room in the kitchen on 3/6/09 at approximately 12:30 PM, revealed two</td>
<td></td>
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</tbody>
</table>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 104</td>
<td>Continued From page 1 penetrations in the smoke barrier wall around the two flex conduits.</td>
<td></td>
<td>2. Maintenance Supervisor conducted facility rounds on 3/23/09 to check for other penetrations in smoke barrier wall.</td>
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<td></td>
<td>K 144 NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 144</td>
<td>3. Maintenance Supervisor was inserviced on 3/23/09 by Administrator regarding identifying and repair of penetrations in smoke barrier wall.</td>
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<td></td>
<td>SS=D Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</td>
<td></td>
<td>4. Administrator and Maintenance Supervisor will monitor for compliance through routine facility rounds and report findings to the QA and A Committee quarterly.</td>
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<td>03/24/09</td>
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<td></td>
<td>This STANDARD is not met as evidenced by. Based on observation, it was determined the facility failed to provide documentation that the generator was exercised under load for 30 minutes each month as required.</td>
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<td>The findings included: Record review revealed the facility had no documentation that the generator was being exercised under load for 30 minutes each month.</td>
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